

Commercial Building Permit Application



All Projects (please print or type)		DATE	PROJECT # (assigned by city)
OCCUPANT	SUBMITTED BY		CONTACT PHONE
PROJECT ADDRESS	UNIT	CONTACT FAX	
CITY	ZIP	COUNTY	KEY MAP #
TYPE OF STRUCTURE <input type="checkbox"/> RETAIL <input type="checkbox"/> RESTAURANT <input type="checkbox"/> OFFICE <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> REPAIR <input type="checkbox"/> GARAGE <input type="checkbox"/> POOL <input type="checkbox"/> FENCE OTHER _____			
SCOPE OF PROJECT (CHECK ONE) <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> REMODEL <input type="checkbox"/> FOUNDATION OTHER _____			
PRESENT OCCUPANCY	# OF STORIES	PROPOSED OCCUPANCY	
TOTAL COST OF IMPROVEMENTS \$	APT. UNIT #S IN THIS BLDG. (EX. 101-110; A-D)	TDLR PROJECT # (CHECK ONE) <input type="checkbox"/> PROJECT # _____ <input type="checkbox"/> EXBAFT	

New Construction and/or Addition Only (increased square footage)

SUBDIVISION	BLOCK/LOT	TRACT	SQ. FT. ADDED
SPRINKLERS: NO YES: PERCENTAGE _____ TYPE _____			

Responsible Parties (as applicable)

OWNER (required)	ADDRESS	CITY	ZIP	PHONE
CONTRACTOR (required)	ADDRESS	CITY	ZIP	PHONE
ENGINEER	ADDRESS	CITY	ZIP	PHONE
ARCHITECT	ADDRESS	CITY	ZIP	PHONE
OTHER	ADDRESS	CITY	ZIP	PHONE
OTHER	ADDRESS	CITY	ZIP	PHONE

Other Remarks

Warning: The deed restrictions affidavit on the reverse side is a part of this application. Any false statement thereon may result in criminal prosecution. The City will rely upon the representations in the affidavit in issuing the permit. The issuance of a permit does not authorize construction on, or use of, any property in violation of deed restrictions. Any misrepresentations on the affidavit will render the permit void.

PRINT NAME OF APPLICANT

APPLICANT SIGNATURE

APPLICANT IS ☐ OWNER ☐ AGENT (DOCUMENT DESIGNATING AGENT'S AUTHORITY MUST BE ATTACHED)